

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-08-2001 90029 050 ****61.25

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1. Entity Name

MIRAGE AT CRYSTAL LAKE CONDOMINIUM ASSOCIATION.

Principal Place of Business

Mailing Address

10282 BUENA VENTURA DR.
BOCA RATON FL 33498-6766

10282 BUENA VENTURA DR.
BOCA RATON FL 33498-6766

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1010726

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COURCHENE, GILLES
10282 BUENA VENTURA DR.
BOCA RATON FL 33498-6766

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COURCHENE, GILLES
STREET ADDRESS 10282 BUENA VENTURA DR.
CITY-ST-ZIP BOCA RATON FL 33498-6766

TITLE DST
NAME SAVOIE, GILLES
STREET ADDRESS 735 MAIN ST, STE. 401
CITY-ST-ZIP CANADA FL 33498-6766

TITLE D
NAME DAIGLE, GARY
STREET ADDRESS 10282 BUENA VENTURA DR.
CITY-ST-ZIP BOCA RATON FL 33498-6766

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREAS.
NAME COURCHENE, GILLES
STREET ADDRESS 10282 BUENA VENTURA DR.
CITY-ST-ZIP BOCA RATON, FL 33498-6766

TITLE SFC.
NAME COURCHENE, GILLES
STREET ADDRESS 10282 BUENA VENTURA DR.
CITY-ST-ZIP BOCA RATON, FL 33498-6766

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)